Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		IL6015044	B. WING		08/10/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
HIGHVIEW IN THE WOODLANDS 1000 FALCON POINT PLACE					
ROCKTON, IL 61072					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
\$ 000	000 Initial Comments		S 000		
	Annual Licensure S	urvey.			
S9999	9 Final Observations Statement of Licensure Violations		S9999		
	330.2210a)5)				
	Section 330.2210 Maintenance a) 5) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.				
	This requirement was NOT met as evidenced by:				
	review the facility fa	on, interview, and record iled to maintain the d in a safely repaired			
		5 residents (R104, R105) nance of equipment in the			
	Nursing Assistant (C R104 from the toilet mechanical lift stand strap around R104's R104's transfer and	at 10:45 AM, E8 Certified CNA) and E9 CNA transferred to the wheelchair using the d without securing the leg bilateral lower legs. Prior to upon examining the strap, E9 CNA stated, "Look,		Attachment A Statement of Licensure Vi	olations
On August 9, 2016 at 9:30 AM, E9 CNA and E10					

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 08/22/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6015044 08/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FALCON POINT PLACE HIGHVIEW IN THE WOODLANDS ROCKTON, IL 61072 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 | Continued From page 1 S9999 CNA transferred R105 from the wheelchair to the toilet using the mechanical lift stand without securing the leg strap around R105's bilateral lower legs. E9 CNA stated, "This is the stand with the broken strap that goes around the legs." On August 9, 2016 at 9:40 AM, E3 CNA Supervisor stated that staff are to secure the leg strap and the underarm strap in place around the resident prior to transferring the resident. E3 stated, "If there is a problem with the lift stand or something is broken on it, the CNA's notify me and I call the company to come out and fix it." The facility's General Maintenance Equipment Policy and Procedure (undated) showed, "Purpose: To maintain all equipment in proper working order. All staff is responsible for filling out maintenance work orders and turning into the Administrator." (B) Section 330.2230 Laundry Services a)1) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. a) 3) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as

handling soiled linens.

often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and

This requirement was NOT met as evidenced by:

Based on observation, interview, and record

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dryer.

remove lint from dryer.

2.On August 9, 2016 at 9:10AM, E6 placed soiled linen in that washing machine. E6 removed soiled gloves and then removed clean dry linen from the dryer and placed wet clean linen into the

On August 9, 2016 at 9:10AM, E6 sated, I did not

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